Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	01/07/08	Address:	Mart Rd @ Pavilion Dr
Case #:	<u>43F-25555</u>		Columbus, IN 47201
County:	Bartholomew		
Type of Laboratory Scizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Scizure Location (Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: open air Water Reactive Metal (Lithium): original package Anhydrous Ammonia: open air Hydrochloric Acid Gas Generator(s): Corrosive Acid: Corrosive Base: Other (item and location):			
Yes No *If yes, fax re	er age 18 discovered (check one) (number present) port to Child Protective Services t is to be faxed to the following agen	Ephedrin Retail/Mo	
	ment: Columbus Fire Department	I/ax: 812-3	
Health Department: Bartholomew Health		Fax: 812-3	<u>79-1040</u>
_	ction Service:	Fax:	-
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Thomas B. Egler Phone 317-234-4591			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.